

CONSENT FOR RELEASE AND / OR EXCHANGE OF INFORMATION



Student Name: _____ DOB: _____
Parent Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
School Name: _____ USD # _____

I HEREBY CONSENT TO THE RELEASE AND/OR EXCHANGE OF MOST RECENT:

- Speech & Language Information
Audiological Assessment
Medical Information
Discharge Summary
Intake/Admission Report
Exchange of Information over Telephone
Family Assessment
School Records/Reports
Social/Psychological Evaluation
Individual Educational Program-IEP/IFSP
Screening Results
Other

I, the undersigned, do hereby authorize Keystone Learning Services to _____ receive from _____ disclose to:

Name/Entity: _____

Address: _____

The purpose of this request is: _____

I understand the information obtained will not be transmitted to another party without my specific written consent or as otherwise permitted by federal regulations. (Title 45, Part 99.30-99.37) This consent will remain in effect until it is revoked in writing by me. I have the right to revoke this consent at any time.

(Parent/Legal Guardian Signature) (Relationship to student) (Date)

Upon request, the District discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. FERPA permits such disclosure to school officials with legitimate educational interests.

Revised 7/1/05